

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>72</i>	<i>75353</i>	<i>2-23-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
Canceled	A	Appeal
Restricted	O	Objected

Claim	Final	Original
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
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39	✓	✓
40	✓	✓
41	✓	✓
42	✓	✓
43	✓	✓
44	✓	✓
45	✓	✓
46	✓	✓
47	✓	✓
48	✓	✓
49	✓	✓
50	✓	✓

Claim	Final	Original	Date
51	✓	✓	02/22/2002
52	✓	✓	02/22/2002
53	✓	✓	02/22/2002
54	✓	✓	02/22/2002
55	✓	✓	02/22/2002
56			
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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